SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 127 (check only one)    X   11a
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Other (specify) ▼  Full Name (Last, First, Middle Initial) Alex Robert Delaricheliere  Mailing Address 200 West Street  City State Zip Code  New York NY 10282-2101			Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SUBTOTAL of Receipts This Page	e (optional)	<b>]</b>	6250.00